Name: ………………………………………………………………………………………………………………

Date of Birth: ……………………………………………………………………………………………….

Email address: …………………………………………………………………………………….…………

Address: ………………………………………………………………………………………………………..

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………………………………………………………………………………………………………………………………

Telephone number……………………………….…………………………………………………………..

Next of Kin …………………………………………….…………………………………………………………

Next of Kin Telephone number …………………………………..………………………………….

**Physical Activity Readiness Questionnaire (PAR-Q)**

Please answer the questions below ensuring that the information provided is as accurate and as up to date as possible. Your safety is paramount and the information that you provide here will help me to ensure that the exercises and activities undertaken with Set the Tone Fitness Ltd are appropriate for you.

1. Has your doctor ever said that you have a heart condition and that you should only perform physical activities recommended by a doctor? **YES / NO**
2. Do you feel pain in your chest when you perform physical activities? **YES / NO**
3. In the past month have you experienced chest pain when you were **not** performing any physical activity? **YES / NO**
4. Do you lose your balance because of dizziness or do you ever lose consciousness?

**YES / NO**

1. Do you have a bone or joint problem that could be made worse by a change in your physical activity? **YES / NO**
2. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition? **YES / NO**
3. Do you know of any other reason why you should not engage in physical activity?

**YES / NO**

1. Have you ever had any pain or injuries of the ankle, knee, hip, back, shoulder etc? **YES / NO**

If yes please provide more detail …………………………………………………………………………………..

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1. Have you ever had any surgeries? **YES / NO**

If yes, please provide more detail ……Yes – but no recent surgery and would not impact physical activity ……………………………………………………………………………..

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1. Has a medical doctor ever diagnosed you with a chronic disease such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? **YES / NO**

If yes, please provide more detail ………………………………………………………………………………….

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1. Are you currently taking medication? **YES / NO**

If yes, please list ………………………………………………………………………………………………………………...

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If you have answered **‘yes’** to one or more of the above questions, consult your doctor before engaging in physical activity. Tell your doctor which questions you have answered ‘yes’ to. After a medical evaluation, seek advice from your doctor as to which type of activity is suitable for your current condition.

**General Questionnaire**

1. What is your current occupation? ………………..……………………………………………..
2. Does your occupation require extended periods of sitting? **YES / NO**
3. Does your occupation require extended periods of repetitive movements? **YES / NO**
4. Does your occupation require you to wear shoes with a heel (dress shoes)?

**YES / NO**

1. Does your occupation cause you anxiety (mental stress)? **YES / NO**
2. Do you take part in any recreational activities such as golf, tennis, skiing etc?

**YES / NO**

If yes, please provide more detail ……………………………………………………………………………

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1. **Do you have any hobbies? YES / NO**

If yes, please provide more detail ………………………………………………………………………………..

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**Thank you for taking the time to complete the above questionnaire. Please be assured that Set the Tone Fitness Ltd will only use your contact information in ways agreed to by you. Your details will not be passed on to third parties and you can request that we remove your contact details from our records at any time. For our full Privacy Policy please visit** [**http://www.setthetonefitness.co.uk**](http://www.setthetonefitness.co.uk) **or simply request a copy in person.**

1. Set the Tone Fitness Ltd can use my email / telephone number to contact me about the details of my specific classes / sessions (time & venue updates / cancellations) etc: **YES / NO**
2. Set the Tone Fitness Ltd can use my next of kin’s email / telephone number in order to contact them in the case of an emergency: **YES / NO**
3. Set the Tone Fitness Ltd can use my contact details to contact me about promotions relating to **new classes** / **upcoming fitness events** and **Set the Tone clothing** items. Please circle just the ones which apply.

**Declaration:**

I agree to advise Set the Tone Fitness Ltd if my health or medical situation changes and I understand that this is so that you can ensure that my physical exercise with you is safe and appropriate.

**Signature of client**

**Date signed** ………………………………………………………………………………………………………………..

Set the Tone Fitness Ltd

Tel: 07568561414 / Email: [info@setthetonefitness.co.uk](mailto:info@setthetonefitness.co.uk) / [www.setthetonefitness.co.uk](http://www.setthetonefitness.co.uk)

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